

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## REQUEST FOR PHYSICIAN PROFILE DATA

### MEDICAL EXAMINING BOARD

#### FEES:

AOA Members - No Charge  
Non-Members - \$20.00

**APPLICANT: PLEASE COMPLETE THIS FORM AND FORWARD TO THE AMERICAN  
OSTEOPATHIC ASSOCIATION AT THIS ADDRESS:**

American Osteopathic Association  
Physicians' Biographic Records  
142 East Ontario St.  
Chicago IL 60611-2864  
800-621-1773, Ext. 8145  
FAX: (312) 202-8206  
AOA Website ([www.aoa-net.org](http://www.aoa-net.org))

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The **State of Wisconsin** requests a physician profile concerning the following individual:

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NAME

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DAYTIME PHONE NUMBER

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ADDRESS

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DAYTIME PHONE NUMBER

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CITY, STATE AND ZIP

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YEAR OF GRADUATION (from Med. Sch) DEGREE

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DATE OF BIRTH

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E.C.F.M.G. NUMBER

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SOCIAL SECURITY NUMBER

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AOA NUMBER

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Physician's Signature

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Date

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### ATTENTION: AMERICAN OSTEOPATHIC ASSOCIATION

**Please mail the response directly to the Wisconsin Medical Examining Board at the following address:**

Department of Regulation & Licensing  
Medical Examining Board  
PO Box 8935  
Madison WI 53708

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Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing